

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027845

STATE FILE NUMBER

Registration District No. 111

Primary Registration District No. 542-6

Registrar's No. 125

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Pacific (5 mi ro)

Length of stay in 1b

30 min

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Conn

b. COUNTY

admission)

c. CITY OR TOWN

Naugatuck

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

75 School St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Louis

Middle

E.

Last

Lakatos

4. DATE OF DEATH

Month

Day

Year

July

26

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

July 22, 1912

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

labor.

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Rubber

11. BIRTHPLACE (City and state or country)

Naugatuck Conn

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Louis Lakatos

13b. MOTHER'S MAIDEN NAME

Rose (not known)

14. NAME OF HUSBAND OR WIFE

Sophia Lakatos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes Navy

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Sophia Lakatos, Naugatuck Conn

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Just

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

Traveling stopped at motel - passed

DUE TO (c)

Dr. & was dead before Dr. arr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary B. Gross L.R.

22b. ADDRESS

Pacific ma.

22c. DATE SIGNED

July 29 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

July 26 1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Naugatuck

(State)

Conn.

24. FUNERAL DIRECTOR

ADDRESS

Fitzgerald Funeral Home Naugatuck Conn

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

July 26/63 - Mary B. Gross L.R.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59  
1 0360  
2 8060  
3 2  
4 0  
5 1  
6  
7 1  
8 0  
9 420.1  
10  
11  
12 91-8  
13 1-0

010700-001

AUG 1 1963

AUG 28 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.